

PTO/SB/29 (8/98)

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CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing. (Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d)) CHECK BOX, if applicable:

DUPLICATE

Address to:

Assistant Commissioner for Patents Box CPA Washington, DC 20231

Attorney Docket No. of Prior Application	45010-00601
First Named Inventor	Stuart Newman
Examiner Name	D. Clark
Group / Art Unit	1633
Express Mail Label No.	

This is a request for a X continuation or divisional application under 37 C.F.R. § 1.53(d),
(continued prosecution application (CPA)) of prior application number08/933,564,
filed on 11/03/98 , entitled CHÍMERIC EMBRYOS AND ANIMALS CONTAINING HUMAN CELLS
NOTES
10720
FILING QUALIFICATIONS: The prior application identified above must be a nonprovisional application that is either. (1) complete as defined by 37 C.F.R. § 1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371. A Notice will be placed on a patent issuing from a CPA, except for reissues and designs, to the effect that the patent issued on a CPA and is subject to the twenty-year patent term provisions of 35 U.S.C. § 154(a)(2). Therefore, the prior application of a CPA may have been filed before, on or after June 8, 1995.
C-I-P NOT PERMITTED: A continuation-in-part application cannot be filed as a CPA under 37 C.F.R. § 1:53(d), but must be filed under 37 C.F.R. § 1:53(b).
EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 C.F.R. § 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.
ACCESS TO PRIOR APPLICATION: The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 C.F.R. § 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.
35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 C.F.R. § 1.78(a):
1. Enter the unentered amendment previously filed on
under 37 C.F.R. § 1.116 in the prior nonprovisional application. 2. X A preliminary amendment is enclosed.
a. DELETE the following inventor(s) named in the prior nonprovisional application:
b The inventor(s) to be deleted are set forth on a separate sheet attached hereto
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D. I I THE INVENIONS TO DE DETELLO DIE SEL IONI OTT A SEDATALE STICCLALIACITED TIETELO.
4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed. 5. Information Disclosure Statement (IDS) is enclosed:
5. Information Disclosure Statement (IDS) is enclosed:
a. <u>X</u> F10-1449
b. X Copies of IDS Citations (Citations noted with an "x" will beforwarded under
[Pag 1 of 2] separate cover.
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.
b. X Copies of IDS Citations (Citations noted with an "x" will beforwarded under [Pag 1 of 2] separate cover. Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

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CLAIMS	(1) FOR (2) NUMBER FIL		BER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	47	-20* =	27	x\$ <u>-9.00</u> =	\$ 243.00
	INDEPENDENT CLAIMS (37 C.F.R.§1.16(b) or (i))	4	-3** =	1	x \$ <u>39.00</u> =	39.00
	MULTIPLE DEPENDENT	CLAIMS	(if applicable	e) (37 C.F.R. § 1.16(d))	+ \$=	
	1			44 y 2 2 3 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BASIC FEE (37 C.F.R. §1.16)	345.00
			%	Total of al	bove Calculations =	627.00
	Reduction by 50% for filin	g by smal	l entity (Note	e 37 C.F.R. §§ 1.9, 1.27 &	1.28).	
	* Reissue claims in excess ** Reissue independent clai				TOTAL =	627.00
C Casalla					•	

6.	Small entity status:
	a. A small entity statement is enclosed, if (b) and (c) do not apply.
	b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
	c. ls no longer claimed.
7.	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No032469:
	a. Tees required under 37 C.F.R. § 1.16.
	b. Fees required under 37 C.F.R. § 1.17.
	c. Tees required under 37 C.F.R. § 1.18.
8.	A check in the amount of \$1,062.00 is enclosed.
9.	New Attorney Docket Number, if desired [Prior application Attorney Docket Number will carryover to this CPA <u>unless</u> a new Attorney Docket Number has been provided herein.]
0	a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
	b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
1.	Other:

The prior application's correspondence address will carry over to this CPA NOTE: UNLESS a new correspondence address is provided below. 12. NEW CORRESPONDENCE ADDRESS

(Insert Customer No.	or Attach bar code label here)	or [New correspondence address below
State	,	Zip C	ode
Telephon	9		Fax
	State	(Insert Customer No. or Attach bar code label here) State Telephone	(Insert Customer No. or Attach bar code label here) State Zip C

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	John N. Coulby		
Signature	EMA		
Registration No. (Attorney/Agent)	43,565		
Date	05/01/00		